



**University Honors Program**

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**UNIVERSITY HONORS PROGRAM  
EMERGENCY INFORMATION FORM**

The information requested below will be used only in case of emergency and is limited to the duration of your participation in this program. The information will be kept confidential and destroyed upon completion of the program.

Your Name: \_\_\_\_\_ M# \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Dates: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact phone: \_\_\_\_\_

\_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_

\_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_

Business phone: \_\_\_\_\_

\_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_

Cell phone: \_\_\_\_\_

\_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_

E-mail: \_\_\_\_\_